

216007264
82898

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 75	Agency Case No. B6-013478	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/16/2016		(In Military Time) TIME OF ACCIDENT 2128	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2131	02/16/2016	
B 35	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 10 / P		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 10 / P			IF NOT AT INTERSECTION NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13626180		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	CECILIA A MASON		PHONE	402-217-9233	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 3424 SOUTH ST, LINCOLN, NE 68506		DATE OF BIRTH (MM / DD / YYYY)	07/16/1996	
G 2	OWNER	STEPHANIE MASON		PHONE	402-419-8595	
V1/O 3	OWNER ADDRESS	CITY, STATE, ZIP 3424 SOUTH ST, LINCOLN, NE 68506		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H 4	LICENSE PLATE PA NO.	TLY100		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 3	VEHICLE	YEAR 1994	MAKE Toyota	MODEL UCL	BODY STYLE 4 door Sedan	COLOR white
V2/O 1	VEHICLE ID NO. (VIN)	4T1SK12E4RU853181		INSURANCE COMPANY	GEICO	
I 1	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING	
V1/P 1	VEHICLE ID NO. (VIN)	1FALP52U8VG168107		INSURANCE COMPANY	PROGRESSIVE	
J 01	TOWED TO			TOWED BY	POLICY NO. 906301850	
K 02	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F

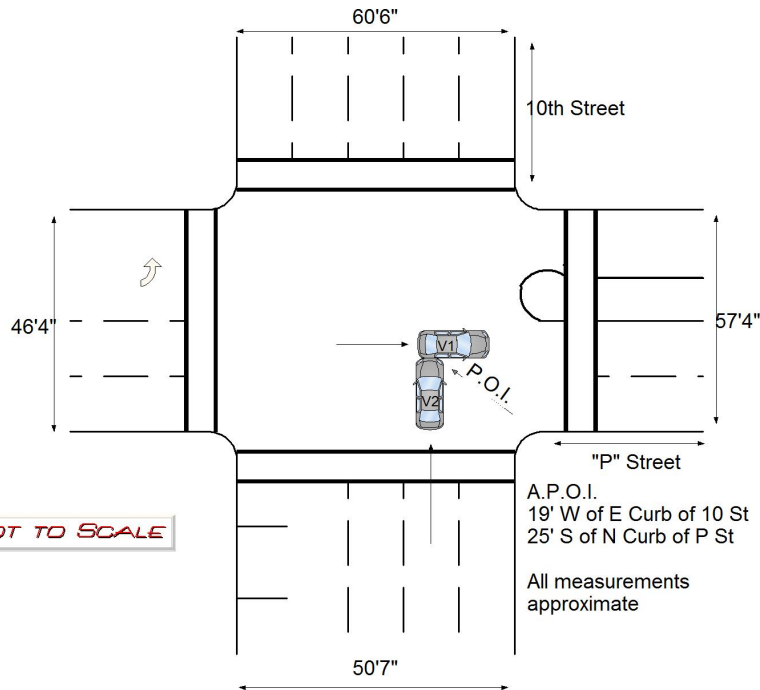
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-013478



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was east bound on P St in the middle lane of travel. D1 said she was travelling approximately 15 mph through a green traffic light. D1 said as she proceeded through the intersection she was struck by V2 who violated a red light travelling north on 10 St.

V2 was travelling north on 10 St in the second lane of travel from the east. D2 said she thought she had a green light so she proceeded into the intersection at approximately 10 mph. D2 said as she was going through the intersection she struck V1.

W1 was on the southeast corner of 10 / P St waiting at the crosswalk. W1 said V1 had a green light and was driving through the intersection when V2 violated a red light and struck V1. V1 towed from scene due to damages, no injuries.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$

WITNESSES	NAME NICKOLAS B YATES	ADDRESS 6614 W BARON DR, BOISE, ID 83714	PHONE 208-863-1414
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/ DRUGS SUSPECTED		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)		VEH 1		VEH 2			
1			X		P ST						1		2			
2	X				10 ST						1		2			
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1		1		1		1	
2	08	08 Entering traffic lane			POINT OF IMPACT		POINT OF IMPACT		2		2		2		2	
				MOST DAMAGED AREA		MOST DAMAGED AREA		3		3		3		3		
				00 None		01		4		4		4		4		
				09 Top & windows		02		5		5		5		5		
				10 Undercarriage		03		6		6		6		6		
				11 Total (all areas)		04		7		7		7		7		
				12 Other		05		8		8		8		8		
				08		06		9		9		9		9		
				09		07		10		10		10		10		
				10		08		11		11		11		11		
				11		09		12		12		12		12		
				12		10		13		13		13		13		
				13		11		14		14		14		14		
				14		12		15		15		15		15		
				15		13		16		16		16		16		
				16		14		17		17		17		17		
				17		15		18		18		18		18		
				18		16		19		19		19		19		
				19		17		20		20		20		20		
				20		18		21		21		21		21		
				21		19		22		22		22		22		
				22		20		23		23		23		23		
				23		21		24		24		24		24		
				24		22		25		25		25		25		
				25		23		26		26		26		26		
				26		24		27		27		27		27		
				27		25		28		28		28		28		
				28		26		29		29		29		29		
				29		27		30		30		30		30		
				30		28		31		31		31		31		
				31		29		32		32		32		32		
				32		30		33		33		33		33		
				33		31		34		34		34		34		
				34		32		35		35		35		35		
				35		33		36		36		36		36		
				36		34		37		37		37		37		
				37		35		38		38		38		38		
				38		36		39		39		39		39		
				39		37		40		40		40		40		
				40		38		41		41		41		41		
				41		39		42		42		42		42		
				42		40		43		43		43		43		
				43		41		44		44		44		44		
				44		42		45		45		45		45		
				45		43		46		46		46		46		
				46		44		47		47		47		47		
				47		45		48		48		48		48		
				48		46		49		49		49		49		
				49		47		50		50		50		50		
				50		48		51		51		51		51		
				51		49		52		52		52		52		
				52		50		53		53		53		53		
				53		51		54		54		54		54		
				54		52		55		55		55		55		
				55		53		56		56		56		56		
				56		54		57		57		57		57		
				57		55		58		58		58		58		
				58		56		59		59		59		59		
				59		57		60		60		60		60		
				60		58		61		61		61		61		
				61		59		62		62		62		62		
				62		60		63		63		63		63		
				63		61		64		64		64		64		
				64		62		65		65		65		65		
				65		63		66		66		66		66		
				66		64		67		67		67		67		
				67		65		68		68		68		68		
				68		66		69		69		69		69		
				69		67		70		70		70		70		
				70		68		71		71		71		71		
				71		69		72		72		72		72		
				72		70		73		73		73		73		
				73		71		74		74		74		74		
				74		72		75		75		75		75		
				75		73		76		76		76		76		
				76		74		77		77		77		77		
				77		75		78		78		78		78		
				78		76		79		79		79		79		
				79		77		80		80		80		80		
				80		78		81		81		81		81		
				81		79		82		82		82		82		
				82		80		83		83		83		83		
				83		81		84		84		84		84		
				84		82		85		85		85		85		
				85		83		86		86		86		86		
				86		84		87		87		87		87		
				87		85		88		88		88		88		
				88		86		89		89		89		89		
				89		87		90		90		90		90		
				90		88		91		91		91		91		
				91		89		92		92		92		92		
				92		90		93		93		93		93		
				93		91		94		94		94		94		
				94		92		95		95		95		95		
				95		93		96		96		96		96		
				96		94		97		97		97		97		
				97		95		98		98		98		98		
				98		96		99		99		99		99		
				99		97		100		100		100		100		

OFFICER NO. 1757	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Alex Stover	INVESTIGATOR SIGNATURE Approved by Officer Alex Stover	DATE OF REPORT 02/16/2016	